



## Outreach activities

**General Consent form** – to be completed by the parents of all children attending  
Or – to be completed and signed by all adults attending

School/ group: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

I confirm that I have received and fully understand the details of the course, which my child/I will participate in. I agree to participation in any or all of the activities described, and acknowledge that there is an inherent risk in these activities. I accept the need for responsible and obedient behaviour. I accept that in certain circumstances (e.g. weather) the plans may change. I have read and agree with the booking terms.

Print name \_\_\_\_\_ Relation to child \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact telephone no – Home \_\_\_\_\_

Work \_\_\_\_\_ Mobile \_\_\_\_\_

Doctors Name, Telephone No & surgery address \_\_\_\_\_

Will your child be collected from school the  or walk home by themselves

### Further details about the person attending

\*Any conditions requiring medical treatment; adversely affected by physical exercise or weight carrying; recent injury or illness; problems with circulatory, respiratory, nervous or skeletal systems.

Please tick

Yes

No

If your answer is yes, please provide details

\*Allergic to any medication or food?

Yes

No

If your answer is yes, please provide details

\*Water confident and able to swim wearing a buoyancy aid?

Yes  No

\*Agrees to receiving any emergency medical treatment

Yes  No

\*I also agree to any first aid that may be necessary

Yes  No

\*I agree to the administration of antihistamines, paracetamol as appropriate

Yes  No

\*I agree to photographs of the attendee being used for promotional information if required

Yes  No

**Any other relevant medical, dietary, social, behavioural information that we should know?**